REFELCTIONS OF RACISM EXPERIENCED BY BLACK MENTAL HEALTH CLINICIANS

A Thesis

Presented to the

Faculty of the College of Graduate Studies and Research

Angelo State University

In Partial Fulfillment of the

Requirements for the Degree

MASTER OF SCIENCE

by

STEPHEN EMMANUEL LEWIS

May 2021

Major: Counseling Psychology

REFELCTIONS OF RACISM EXPERIENCED BY

BLACK MENTAL HEALTH CLINICIANS

by

Stephen Emmanuel Lewis

APPROVED:

Nicole M. Lozano, PhD

Tay Hack, PhD

Jose Contreras, PhD

Cody Scott, PhD

May 2021

APPROVED:

Dr. Micheal W. Salisbury
Dean, College of Graduate Studies and Research

ACKNOWLEDGEMENTS

This is the wonderful space where I can acknowledge the people that have come together to aid me in being the best person, service worker, and fine artist that I am molding into today. Grandma Patricia Lewis thank you for teaching me how to be empathetic, a listening ear to people, and to use my big beautiful smile, especially when people need it the most, and also thanks for teaching me how to cook (especially shrimp egg rolls, vanilla buttercream cake, and chicken stir-fry). Grandfather Wilbert Lewis Sr. thank you for allowing me to recognize that as a young Black man I can achieve anything that I give all of my focus, time, and energy. I must also thank you for being the great example of the first university-educated Black man in our family.

Older brother Wilbert R. Lewis III thank you for the many conversations and activities surrounding black culture (food, music, history, films, pop culture, multiculturalism (our meanings and values for both our Black and Chinese heritage), and for being my life long amusement park roller coaster partner (I can't leave that out). Finally, I must thank you for inspiring me beyond your twenty-eight short years on earth to be the finest version of myself.

Advisor Professor Dr. Nicole Lozano thank you for furthering my understanding of qualitative research, spending time helping me prepare for a doctoral education in psychology, and I must not leave out all the university and job references. Thesis committee member Professor Dr. Jose Contreras thank you for furthering my understanding of multicultural practices in the professional field of counseling and providing me many university and job references.

ABSTRACT

Black counselors, psychologists and their clients experienced social injustices connected to racial microaggression, and many intersections. Accordingly, the primary question in this research study was, what are the experiences of Black mental health practitioners and their Black clients? In the present study participants were interviewed over two sessions. Data was analyzed through Critical Race Theory and Intersectional theories, with three themes emerging. Participants focused on Black identity development through their lifespan, developing multicultural competence, and their experiences with microaggressions. Black therapists must keep up with own health and wellness. Finally, Black mental health practitioners must examine best practices for multicultural competence practices for education and clinical practice.

Key words: Black, counselors, psychologists, racial microaggressions, and intersections.

TABLE OF CONTENTS

Page

CHAPTER I: INTRODUCTION

According to the US census, People of Color (POC) make up approximately 38% of the US population, with 13% identifying as Black or Black (Colby & Ortman, 2015). As a profession, there are approximately 5% of psychologists who identify as Black in the United States, with one Black man for every 5.8 women in the psychology workforce (Belgrave & Allison, 2018). Primm, Osher, and Gomez (2005) found that mental health clinicians of Black racial and ethnic cultures around the United States experience race-related microaggressions at the workplace, and in their personal lives. Frequently, POC experience racial microaggressions, which are seemingly innocuous but are interpersonally stressful comments about POC's abilities, appearance, or speech (Prime, Osher, Gomez, 2005). Black psychologists require perpetual coping and cognitive appraisal to manage the environmental, physiological, emotional, cognitive, consequences brought on by racial microaggressions in the workplace (Delapp &Williams, 2015). At the same time, they are also often working with Black clients who are also experiencing daily stressors of racism. It stands to reason that Black mental health clinicians and their Black clients experience many encounters and forms of social injustice through many intersections of race, ethnicity, gender, religion, mental health, politics, social class, criminal justice, and education (Tonry, 2010).

Racial Microaggressions

According to Sue, Bucceri, Lin, Nadal, and Torino (2007), "racial microaggressions are brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights

and insults to the target person or group, and are expressed in three forms: micro-assaults, micro insults, and micro-invalidations" (p. 72). A racial microassault is a racially explicit derogation consciously utilized by nonminority individuals (e.g. non-Black individuals), that is meant to purposely discriminate against Blacks by belittling their names or to display avoidant behaviors towards Blacks (Sue et al, 2007). An example of this would be a White male counseling supervisor telling his Black male supervisee that his afro resembles Kunta Kinte. Microinsults and micro-invalidations are both often unconscious. A microinsult is an ignorant verbal or nonverbal form of communication or behavior that is meant to put a person of color down. (e.g. attendees wearing blackface at a university homecoming party). Whereas a microinvalidation is an activity or language that is intended to diminish people of color's self-esteem and self-efficacy by leaving them out, or making them feel less than human (e.g., telling a POC that "You can succeed in America as long as you work hard" (Sue et. al, 2007).

Racial Microaggressions in the Workplace

Scholarly psychology studies have explored the ways mental health professionals of color adaptively respond to racial microaggressions (Constantine, Smith, Redington, Owens, 2008; Czopp, Monteith, Mark, 2006; Hernández and Carranza, 2010; Sue, Copodilupo, Torino, Bucceri, Holder, Nadal, Esquilin, 2007). It has been ascertained that participants expressed that they must create a balance of knowledge around the presence of racism while stepping away from a situation they perceive as potentially or truly racist (Hernández, & Carranza, 2010). Additionally, the authors explained that common forms of coping with racial microaggressions at the workplace included self-care ranging from exercise to

meditation, as well as engaging in daily spirituality, confronting the aggressor, seeking support from White allies, keeping records and documenting experiences of microaggressions, mentoring, and organizing public responses. Accordingly, Hernández and Carranza (2010) made six recommendations for mental health clinicians dealing with microaggressions. Specifically, it is vital to address the challenges faced by POC mental health clinicians through acknowledging and confronting privileges, minimizing comments, recognizing intersectional identities, finding theories and approaches that question power, inequality, and identity. (Hernández and Carranza, 2010). Finally, one must organize experiences that help POC clinicians address their challenges in the field.

Intention vs Impact

The intention in examining the ways individuals are impacted by microaggressions is to engage intellectual conversations that question how and why microaggression are engaged, and how they can be put to an end. Some psychology and counseling psychology research scholars and clinicians have questioned the ways microaggressions are potentially ambiguous and subjective. In the same direction, Lilienfeld (2017) explains that are is very little empirical psychology literature support the five main premises of microaggressions;

> (1) are operationalized with sufficient clarity and consensus to afford rigorous scientific investigation; (2) are interpreted negatively by most or all minority group members; (3) reflect implicitly prejudicial and implicitly aggressive motives; (4) can be validly assessed using only respondents' subjective reports; and (5) exert an adverse impact on recipients' mental health.

Accordingly, it is very important to treat the practice of exploring the empirical basis of

microaggressions with sensitively and holistically. Thus, many peer-reviewed psychology studies were closely examined to gain a full circle of scholarly perspectives on the empirical ground for studying microaggressions.

Critical Race Theory

Critical Race Theory (CRT) is a theoretical framework to examine the ways racism operates, developed by a group of legal scholars in the 1980s (Ford & Airhihenbuwa, 2018). There are five main tenets to CRT including (a) counter storytelling, (b) the permanence of racism, (c) whiteness as property, (d) interest convergence, and (e) the critique of liberalism (DeCuir and Dixson, 2004). CRT has also been utilized by education scholars. Specifically, Ladson-Billings and Tate (1995) explained that students of color experienced academic outcomes that were incommensurate to White students, as a result of unjust U.S education practices and policies (Dixson, 2017). Ladson-Billings and Tate (1995) linked the inequitable educational outcomes to poor living conditions because individuals of color were not provided equal opportunities in career preparation (Dixson, 2017). Moreover, Ladson-Billings and Tate (1995) utilized CRT to provide reasoning the formal education did not put enough time and effort into examining race. The end goal for CRT is to bring change that will allow social justice (DeCuir & Dixson, 2004).

Intersectionality

The epistemological branch of feminism called intersectionality was coined by Kimberlé Williams Crenshaw in 1989 (Carbado, Crenshaw, Mays, Tomlinson, 2013), with three sets of engagement including theory, application, and praxis (Cho, Crenshaw, McCall, 2013). Crenshaw invented the term “intersectionality” to name the duality in discrimination experiences Black women faced based on both their race and gender (Carbado, Crenshaw,

Mays, Tomlinson, 2013). Overtime, intersectionality as a knowledge-building branch of feminism branched out to include oppressive experiences beyond race and gender (Soave, 2019). Patricia Hill Collins, a Professor of sociology at the University of Maryland, expanded Crenshaw's contextualization of intersectionality in her book Black Sexual Politics in 2004 to include individuals from other communities including Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ), social-economic status (SES), and people of all ages. Hill Collins expressed that every system permeates all social contact that anyone can experience daily (Soave, 2019).

Lewis, Williams, Peppers, and Gadson (2017) explored a methodological question for applying intersectionality in counseling psychology research: how are counseling psychologists going to reinvent their tools to more effectively investigate intersectional phenomena? In this direction, an intersectional survey tool examined the gendered racial microaggression experiences of Black women to expand the biopsychosocial model of racism in relationship to the ways gendered racial microaggressions impacted the physical and mental health of Black women (Clark, Anderson, Clark, & Williams, 1999; Lewis and Neville 2015). More specifically, psychosocial variables of coping styles and gendered racial centrality were examined to understand if they would moderate or mediate the above variables. As a result, it was determined that Black women had poorer mental and physical health outcomes brought on by lower levels of gendered racial identity centrality, that influenced larger disengagement coping strategies (Lewis, Williams, Peppers, and Gadson, 2017).

In this direction, the present study explores the ways racial identity development has helped Black clinicians to understand, engage, celebrate, and contribute to their racial and

cultural community through their racial identity development. This study also examines the racial microaggression experiences in the areas of mental healthcare, and education experienced by the Black mental healthcare practitioner participants. Further, this study looks at the many intersections (e.g. mental health care, education, religion, spirituality, social-economic status [SES]), that engage racial microaggression experiences of participants. Accordingly, what are the daily coping or self-care strategies Black mental practitioners and their Black clients engage to deal with the stress of racial microaggressions? How do these self-care practices help? Finally, have the mental healthcare practitioner participants gained necessary multicultural competence? How can counselors' multicultural competence help counseling clients heal? What can counselors do to explore racial discrimination and related barriers to mental healthcare?

Purpose of the Study

The focus of this study is to utilize CRT and intersectionality to empower, record, and share the historical narratives of Black mental health clinicians, focusing on the question: What are the experiences of Black mental health clinicians working with Black clients? This question was explored using a narrative qualitative method that focuses on clinicians' personal histories, schooling experiences, and work experiences.

Recording and sharing mental health clinicians' historical narratives will produce a counter-narrative in resisting racism and moving toward improving multicultural competencies in professional mental health graduate teaching, research, and clinical practice. Furthermore, exploring CRT and intersectionality simultaneously in the present study will allow mental health practitioners and researchers to understand the ways racism interacts with many intersections Black therapists and clients experience daily. This study helps gain

insight into how racism works and has for many decades (e.g. education, mental healthcare), learning many ways intersections work against Black individuals ability to grow into their best selves mentally, physically, personally, and professionally. This study takes a close look at how the theories, principles, and praxis of CRT and intersectionality can be utilized to engage a conversation with mental health practitioners. Specifically, on how gaining knowledge into client's personal historical experiences with racism and related struggles can help rewrite best practices. As a result, counselors can help the client develop or embrace their racial-ethnic identity, make appropriate mental health diagnosis, and improve multicultural competency. Counselors can also teach clients how to practice self-care, with a focus on taking care of their mental and physical wellbeing.

CHAPTER II: METHODS

Participants

A total of 8 participants were recruited from the publicly available Association of Black Psychologists (ABPSI): Therapist Resource Directory as well as from Psychology Today. The ABPSI is a professional organization for Black psychologists, to educate and advance African Psychology as a profession (Our History, 2019). Furthermore, the ABPSI has an influential impact on social change and produces programs facilitated by psychologists of African descent to help solve problems associated with Black and other ethnic and racial minority communities (Obasi, Speight, Rowe, Clark, & Turner-Essel, 2012). Participants were invited to share their personal and professional narratives regarding racism, racial disparities, and relationships with the criminal justice system. The study was open to both master's level and doctoral level clinicians. To protect the confidentiality, each participant was assigned a pseudonym that is used throughout the study.

The average age of participants was 45 years old. There were one male participant and seven female-identifying participants. Three of the participants held master's degrees in counseling, with the other five participants had Doctor of Philosophies in psychology (three clinical and two counseling). They all practiced clinical therapy out of independent practices. In addition to their practice, one was a middle school principal at a private Catholic middle school. Two worked as counselors for insurance providers. Another participant was an adjunct professor at a prestigious private university. Participant demographics can be found in Table 1.

Materials and Procedure

Once approval from the IRB was received, participants were recruited using the ABPSI directory and Psychology Black therapist finder catalog. Specifically, their public email addresses were collected, and then an invitation via email (Appendix A) was sent. Those who indicated an interest in participating were asked to sign the informed consent form (Appendix B), complete a demographic questionnaire (Appendix C) and then engage in a two-part interview with the researcher, each lasting approximately one hour. The two interview sessions used a semi-structured interview protocol (Appendix D), utilizing narrative qualitative research methods. Narrative qualitative research is a form of storytelling that connects a series of events from an intended individual or group of people (Sullivan & Forrester, 2019). The first interview obtained the participants' narratives across their lifespan including experiences in schools, criminal justice, and mental health systems, while the second interview focused on the ways clinicians work with clients.

The interview data was collected, transcribed, and coded following narrative data analytic methods. Data were analyzed using a narrative lens, focusing on storytelling from participants' lived experiences (DeCuir & Dixson, 2004). Critical race theory (CRT) was also used as it focuses on examining the impacts of race and racism, and its ability to address racism. Intersectionality (DeCuir & Dixson, 2004) allowed the Black research participants to engage their interlocking experiences personally and professionally of racial microaggressions and coping skills. Through structural narrative analysis, the researcher coded both intersectionality and CRT. Though CRT provides a legal framework, it has the potential to guide mental health practitioners and researchers on the way's racism has worked for many years. Accordingly, understanding how racism works allows mental health

practitioners and researchers the opportunity, to observe, question, and dismantle these social unjust practices.

Given the nature of the study, and the objective of participants sharing personal narratives about their lives, it was made clear that participants could choose not to answer any questions or end the study. However, all interviews were completed, and no participants shared discomfort. All interviews took place via phone, and each interview was recorded and transcribed by the researcher. There were three part one interviews lost due to a recording error, however, those part two interviews were used in data analysis. Thus, five interviews were analyzed for part one, and eight interviews were analyzed for part two.

Coding

The researcher identified the narratives, then coded them following Grounded Theory's method of *in vivo* coding, which analyzes data that is verbatim, literal, or natural words from the research participants (Manning, 2017). A code is a short phrase or word generated within a qualitative research study that captures symbolic language-based meanings that are salient, summative, or essence. Plus, a code can be one-word, full paragraph, or full page in length. Accordingly, a code helps connect specific meaning to a specific datum to obtain categorization or pattern detection. Examples of codes include stability, comfortable, and a sense of self-worth (Saldana, 2016). Categories are a central product of the analytical process produced by a researcher, its identity is descriptive, and is primarily utilized in the early stages of theme development to label main findings (Vaismoradi, Jones, Turunen, Snelgrove, 2016). Themes are repeating attributes of a set of research data including ideas, topics, or concepts that have high value in connection with the central objectives of the research (Sullivan & Forrester, 2017).

Accordingly, the researcher closely read all transcripts several times, to better understand the experiences. Vocabulary from the participants were molded into codes such as Black consciousness, gravitation, meditation, personal psychotherapy, condescending, not being appreciated, racist, disclosure, acceptance, manipulation, and lying. From these and many more in vivo participant codes, the researcher was able to identify four categories: Black Identity Development, Self-Care, Racial Microaggressions, multicultural competency development, and access to counseling which ultimately became two themes. An example of this comes from Dr. Young. She explained, "I am a Christian and my relationship with Christ is very important. I pray multiple times a day, I lean on God a lot, even when I feel like I'm okay, I still lean on God." The category Dr. Young's in vivo code (verbatim quote) falls under is Self-Care, and the subcategory is Prayer/Religious Practice. More examples can be found in Table 2.

Why is critical race theory valuable in the present study? Accordingly, critical race theory in the present study allows myself and other mental health researchers to understand the root to why and how Black mental health clinicians are racial discriminated. The ways these forms of racial discrimination impact Black individuals abilities to gain formal education, gain, sustain, and grow in professional mental health work. In addition, CRT allows a close examination on the ways individuals gain necessary mental healthcare, and take good care of themselves before needing formal mental health. In addition, this theoretical framework contextually allows me to explore, question, advocate for inequalities in education and mental health. What are the participants experiences with racial microaggressions in education and mental health? Why have Black mental health clients been misdiagnosed with severe mental illness such as schizophrenia and bipolar? All of these

questions help counselor scholars including myself to ascertain the main tenet in CRT in how does racism work in mental healthcare? Further, how does racism come to an end in mental healthcare?

Similarly, what is the importance of intersectionality in the present study? Intersectionality allows one to gain understanding of the ways many intersections in the Black counselors lives including education, mental healthcare, professional counseling work have worked together to put down, exclude, or stop growth and development professionally and personally (e.g. gender, race, class, religion, cultural beliefs, and practices).

Reflexivity

Reflexivity allows the qualitative researcher to explore and identify their relationships with the present research they are engaging in (Sullivan & Forrester, 2019). Questions researchers ask include: What are the connections that the researcher personally and professionally have with the present study? How will the research be impacted through the associations the researcher has with the topic and questions? Furthermore, reflexivity is highly vital for qualitative research because it allows the researcher to make themselves and their readers aware of their subjectivity (Sullivan & Forrester, 2019), and acts as a key component to qualitative research in establishing the trustworthiness of data.

As the primary researcher, I hold a Bachelor of Art in Gender and Women's Studies from the University of Maryland Baltimore County. I have training in oral histories, gender and women's qualitative research, intersectionality, critical race theory, Black feminism, and Afrocentric theory. I was also born and raised in a predominately Black community (outside of my paternal grandmother being Chinese American). I was formally educated in both Black (K to 12) and White (undergraduate and graduate university) academic spaces. I have worked

on this project in the process of completing my Master of Science in Counseling Psychology. Finally, I have experienced racial microaggressions in the workplace and truly believe that multicultural competence training is highly important for the workplace.

CHAPTER III: FINDINGS AND DISCUSSION

The primary question in this research project was: what are the experiences of Black mental health clinicians working with Black clients? The lenses of Critical Race Theory (CRT) and Intersectionality were used to uncover themes during data analysis. Intersectionality, thought a tenet of CRT, allowed the researcher to consider the varying identities of those who were being interviews (e.g., Black, gender, geographic location). CRT, is a legal framework that was posed in the early 1990's as a way to question fundamental assumptions about race in the legal world. As a means for this study, CRT provided the opportunity to explore the participants experiences through counter-storying, and understanding from a social framework how they were affected.

Critical Race Theory

CRT is a theoretical framework within the legal realm that examines how racism operates (Ford & Airhihenbuwa, 2018, Iverson, 2007, Ladson-Billings, 2005). It has several themes, four of which are discussed with examples from the narratives. The first is *counter storytelling* which allows Black individuals to showcase their experiences with marginality, and center them as legitimate (Delgado & Villalpando, 2002; Hiraldo, 2010). An example of this is when Dr. Nelson shared that her family had few resources because her family was poor. Dr. Nelson took an undergraduate psychology elective at her Historically Black College or University (HBCU), where she learned about systemic racism, and how the need to depend on government aid for food, shelter, and healthcare impacts the well-being of Black people in the US. Thus, this counter-story telling example helped Dr. Nelson

understand that poverty in the Black community truly has a negative impact on the mental health and wellness of Black individuals.

The *permanence of racism* explores the ways racism controls the social, political, and economic infrastructure of the United States (Delgado, 1995; Hiraldo, 2010; McCoy, 2006). White individuals have more privileges, resources, and respect as compared to BIPOC groups. Dr. Campbell gave an example of an experience as a teenager where she felt that the White police officers dismissed her story and existence because she was both a girl and Black. Specifically, Dr. Campbell stated, "I think that Black girls in our society are on the absolute bottom… with no power, no privilege, and often abused and oppressed." Accordingly, Dr. Campbell's provides an excellent way that racism is permanence through the social control of Black people by the police.

Whiteness as property argues whiteness is more than a racial category; rather it is considered actual property that is valued by the law and protected as such (Harris, 1993; Harris, 2020). Dr. Roberts explained that when her mother was in high school the local private catholic high school was not available to people of color; this type of availability showcases the ways Whiteness is property such that White individuals control who attends which high school and the scholastic achievement associated with the resources provided at such a privileged high school.

Finally, the *critique of liberalism* examines inequality through colorblindness, equal opportunity, and neutrality of the law (DeCuir & Dixson, 2004; Hiraldo, 2010; Patton, 2007). Specifically, it questions whether liberal concepts equality exist. An example of this in the interviews was Dr. Walker explaining that she was the only Black student in her Counseling Psychology courses. Dr. Walker provides an example in the critique of liberalism because

she was able to examine the lack of equal racial representation in her graduate counseling program.

Through both Intersectionality and CRT, three themes emerged from the data: racial identity development as a lifelong process, access to counseling, and the importance of multicultural competence. Racial identity development focuses on how participants formed their racial identity in their childhood and adolescence, and how their racial identity development journey continued and changed over the course of their lives. Access to counseling describes clinician's experiences of working with clients and considering access and diagnosis. Multicultural competency focuses on the importance of integrating the identity of being a Black mental health practitioner with serving Black clients.

Black Racial Identity Development

The first theme uncovered the importance of developing a strong Black identity. This theme can be viewed through Black racial identity development (BRID), which is a theory that states that people in the African diaspora undergo a process that allows them to grow a healthy identity of themselves in relationship to race, in an intimate community, and general society that are both full of toxic forms of stereotypes, and discrimination based on race (Constantine, Richardson, Benjamin, &, Wilson, 1998). BRID is unique for its focus on the experiences Black individuals encounter regarding oppressions and discrimination based on race (Burrell-Craft, 2020; Constantine, Richardson, Benjamin, &, Wilson, 1998; Piper, 2019).

Black identity development has been closely linked to successful growth and development in Black individuals in the areas of self-esteem, psychosocial competence, self-actualization, psychological health, acculturation, student involvement, and academic

achievement (Constantine, Richardson, Benjamin, &, Wilson, 1998; Zirkel & Johnson, 2016). For example, Dr. Nelson discussed that her parents made sure she had access to Black Barbie dolls and would color Black and Brown skin in her coloring books. These stories show how Dr. Nelson became immersed in the Black community by growing her identity through playing with black dolls and coloring books. Other participants, such as Dr. Robert, expressed the importance of her Black identity saying, "I'm a black woman, most people that know me they'll know that I'm Black." Dr. Robert's comment indicates that when she is around clients or supervisors of non-African diaspora descent, she is confident that they will recognize that she is a Black woman.

The Black Racial Identity Model includes five stages of Black identity development including pre-encounter, encounter, immersion-emersion, internalization, and commitment (Ritchey, 2014). The pre-encounter stage is where Black people see the world with a lens that is primarily Euro-centric (Lott, 2008; Mtose and Bayaga, 2011; Ritchey, 2014), including values, dress, and hairstyles. The encounter stage is when a Black person experiences something which challenges their previous values associated with European culture. As a result, the individuals began to undergo a process of anger and guilt as they explore their Black identity (Hargrow, 2001; Robinson, 2000; Tatum, 1997).

The immersion-emersion stage is when Black people experience a period of activism and search for overt expressions of their African history and culture. The research participants also talked about how they experienced the immersion-emersion stage in childhood. During this time Black individuals attend Black cultural events (e.g. festivals, museums, documentary films and marches), often times change their hair (e.g. more natural styles-braids, twists, dreadlocks), clothes (e.g. African print and styled dresses, pants, and

shirts), and, food (e.g. soul food, West or East African cultural dishes). Then, Blacks find ways to contribute to the growth of their communities (Sullivan & Cross, 2019). Dr. Campbell explained that,

> "…as a child, I would say that the Black title or label was given to me or placed on me and I accepted it without question, as I grew and learned more about our history and our culture, I accepted my Black identity as a teenager going forward, and that has remained, and I've always been comfortable with that."

Mr. Theo shared that he was raised primarily by his White mother, as his Black father was absent socially and physically most of his life. Accordingly, most of Theo's life involved traveling with his mother to many different countries for her nonprofit business work. Theo explained that race was discussed very young because he lived in homogenous communities such as Mexico with primarily Mexicans. As a result, he quickly learned the difference between Mexican and Black history, culture, and religious practices. Specifically, Theo's mother exposed him to literature including James Baldwin's "The Fire Next Time." Theo explained that books helped him build a Black consciousness. For example, Baldwin helped with thinking about the struggles, such as segregation, Blacks undergo in a predominately white society.

The internalization stage is described as a Black person experiencing inner peace and confidence around their identity. The Black individual no longer engages with negative emotions around their blackness, even though they may publicly show and identify with common Black heritage (Hocoy, 1999; Johnson, 2019; Sullivan & Cross, 2016). Dr. Roberts expressed her internalization with the Black community by saying, "I'm a Black woman, most people that know me well know that I'm Black."

Furthermore, research participants identified the commitment stage, which is when African-American people promote behaviors and actions to eliminate the oppression of racial and other social-political related oppressions that are perpetuated by the dominant culture (Constantine, Richardson, Benjamin, Wilson, 1998; Fuller, 2016; Haynes, 2019). For example, Dr. Campbell asserted, "my worldview as a Black woman shapes my clinical practice." She described her worldview as crucial to performing and living as a woman. Dr. Campbell described that this worldview and counternarrative through intersecting experiences of being both Black and women shapes the ways she experienced her Black heritage and discrimination. Also, Dr. Campbell communicated that living collectively with non-black individuals allows her to help Black clients including women with similar experiences.

Access to Counseling

Dr. Nelson identified the importance of accessing counseling, explaining that Black individuals are more resistant to seeking help through counseling. She shared that in her experience Black clients have experienced trauma from sharing information, which can make counseling can be painful. As a result, Dr. Nelson expressed that these Blacks are seeking a give-and-take relationship to feel that counseling is a safe place. Goode-Cross and Grim (2014) found that Black psychotherapists shared an understanding of Black communities with Black clients that could enhance the therapeutic relationship. Almost all participants in their study reported frequently forming therapeutic alliances with Black therapy clients faster and more easily.

Planey, Smith, Moore, and Walker (2019) examined seven themes associated with barriers to mental health services and mental health help-seeking among Black children and

families. Accordingly, the themes included intersections of religion and spirituality, child-related factors, clinicians and therapeutic factors, the school system, stigma, social network, and treatment affordability, and accessibility. For example, child-related factors include Black parents not seeking professional mental health services for their child because they doubted the reality of mental health struggles or the feeling that their child only had mild problems for which counseling was unnecessary (DosReis, Mychailyszyn, Myers, and Riley, 2007; Planey, Smith, Moore, Walker, 2019). Similarly, Adults in the Black community are provided much less knowledge on mental disorders than physical diseases (Jorm 2011; Neely-Fairbanks, Rojas-Guyler, Nabors, Banjo, 2018).

It must also be noted, adults in the Black community have been reluctant to openly discuss their mental health and wellness. Consequently, many Blacks adults believe that having a mental illness is a form of weakness because they have not been provided the necessary information about mental health problems. Mrs. Collins expressed,

> Having the clients understand that this is a medical condition, just like you have high blood pressure. You can have a chemical imbalance that can change your perception or your mood. But for some clients that's the first thing in the black community, I've noticed. Their first time hearing mental health or identifying mental health as a medical aspect that they need to manage… We talked about cognitive behavioral therapy (CBT), a lot of times behavior modification. What needs to change in your routine, your habit, your thinking to help assist with the medication the healing, and the transformation that's going to take place in terms of not experiencing those symptoms, such as depression, anxiety, and so forth.

Similarly, Dr. Roberts explained,

> I went through my depression. My grandmother was glad she prayed for me to come home from the military. She just didn't want it to be like this, and then my mom was like suck it up you are going to be alright. So, my mom was kinda like real hardcore but she dealt with anxiety, and work-related issues that affected her, and she was very antimedicine.

In this example, Dr. Roberts identifies a clear relationship between the intersections of being a Black woman in the military. Specifically, during the interview Dr. Roberts explained that it was hard for her to make an early discharge from the military and seek both pain management and mental health when she experienced a physical injury. Hence, Dr. Roberts joined the military to prove stereotypes about age, race, and gender false; that she was physically and mentally strong enough to join the military as a young Black woman.

Further, the Black cultural trope of self-reliance was another barrier to Black families avoiding professional mental healthcare (Lindsey, Korr, Broitman, & Leaf, 2006; Planey, Smith, Moore, Walker, 2019; Snowden, Catalano, Shumway, 2009). Samuel (2015) found that Black people have experienced insurmountable trauma, and as a result, Black people have become mentally stronger and more resilient over time, thus not seeking out formal mental health. More specifically, resilience is the physical and mental well-ness that Blacks have upheld in circumstances that were highly infused with trauma (e.g. witnessing homicides in low social-economic inner-city neighborhoods). This resilience allows the individuals that have experienced trauma to work out later negative life experiences from the knowledge, physical and mental strength gained from earlier traumatic events (Padesky and Mooney 2012; Range, Gutierrez, Gamboni, Hough, & Wojciak 2018).

There are two primary conceptual ways to gain an understanding of resilience (Range, Gutierrez, Gamboni, Hough, & Wojciak 2018). In the first perspective personal traits mold into resilience. Specifically, the traits are optimism, sociability, intelligence, commitment to learning from hardships, and personal perseverance (Duckworth et al. 2007; Masten and Narayan 2012; Range, Gutierrez, Gamboni, Hough, & Wojciak 2018; Shaw et al. 2016; Teti et al. 2012). Accordingly, Blacks that made great achievements in their academics, social life, personal relationships, and careers have displayed the traits immediately above along with others.

The second perspective explores the ways resilience is molded outside of human traits. Blacks form resilience through activities that are psychological, social, cultural, and biological factors (Range, Gutierrez, Gamboni, Hough, & Wojciak 2018; Southwick et al. 2014). In this direction, social and cultural factors would include the role of the Black family and community working together (collectivism), and the values of communalism in this same work (Gooden and McMahon 2016; Range, Gutierrez, Gamboni, Hough, & Wojciak 2018). Members of the Black family and community gather and share intimate multigenerational personal stories on their life journeys full of experiences with oppressions and discrimination, consequently, these conversations bring strength and enhanced bonding within the collective family or community around Black racial identity (Bonanno et al. 2015; Range, Gutierrez, Gamboni, Hough, & Wojciak 2018). Furthermore, Howard (1996) ascertained familial resilience that helps build strong connections in the Black American family system around well-built identity through four domains (strengths). The four domains are racial bi-culturalism (socialized into a dominant culture yet internalize Afrocentric values), installing positive self-esteem and development of ethnic awareness in Black

American children, the central role of spirituality and religion within the household, and elasticity or adaptability of households (Howard 1996).

Religion and spirituality, while a protective factor for Black people, can also act as a major barrier to mental health help-seeking for Black people (Breland-Noble, Wong, Childers, Hankerson, & Sotomayor, 2015; Breland-Noble et al., 2011; Lindsey et al., 2013; Planey, Smith, Moore, Walker, 2019; Samuel, 2015). Breland-Noble et. al. (2015) noted the ways rigid ideals and values embraced by faith communities, across many different socio-economic statuses. In this direction, one major barrier to depressed Black teenagers was the high value of prayer in the family and the absents of educational materials on depression and mental (Breland-Noble et al., 2011; Brown, Tolou-Shams, Lescano, Houck, Zeidman, Pugatch, Oourie, 2006; Foley, Vanable, Brown, Carey, DiClemente, Romer, & Valois, 2019).

Mental healthcare not being available, accessible, and affordable are also barriers to mental healthcare for Black people (Lindsey et al., 2013; Mukolo & Heflinger, 2011; Planey, Smith, Moore, Walker, 2019). A lack of financial resources is a major barrier to mental health care for Blacks for adults and families (Lindsey et al., 2013; Mukolo & Heflinger, 2011; Murry et al., 2011). Parents may be more concerned with immediate concerns including paying their rent or mortgage, instead of finding funds to cover mental healthcare costs for their children (Abram et al., 2008; Lindsey et al., 2013; Nock, Phil, Kazdin, 2001). In many cases, Blacks were not able to receive mental healthcare because the mental healthcare provider refused to accept Medicaid (Holstein and Paul, 2017; Kataoka et al., 2002; Mukolo & Heflinger, 2011). Accordingly, the psychotherapist and the client were

more likely to build a healthy therapeutic relationship when they had similar experiences with racial identity and social-economic status (Goode-Cross and Grim, 2014).

Diagnosing

Mental health practice is a clinician's process of observing, conceptualizing, diagnosing, modifying, and treating human behavior through psychological theoretical frameworks, clinical methods, and techniques that allow the client to relieve symptomatology of psychopathology, improve daily living, or personal relationships with family and friends (Chapter 333A Mental Health Practice, 2020). In more recent years, there has been a push to make sure that clinicians are being trained in multiculturally competent ways so that BIPOC clients can feel safe when seeking therapy, which includes developing competencies with regard to diagnosis. The current participants discussed the ways that they have worked to make their practice safe for those clients, including intake, multicultural competency practices, and detecting therapy clients lying, or concealing.

Participants described the intake process as a time when counselors or psychologists can gain a basic mental health history, family mental health history, social-economic status, education, employment, hobbies, support system (friends, family), current symptomatology with mental health disorders (e.g. depression, anxiety, suicidality). The intake form is the most common questionnaire process that allowed the participants to gain the above information on their new clients. Mr. Allen explained the intake forms allow him to determine, "what level of care would be appropriate" for each counseling client., stating "I have a whole intake process you know there's a disclosure statement in there of course right there's a psychosocial evaluation."

Dr. Walker explained, “I usually do at least one questionnaire… there's an additional questionnaire for couples’ therapy. If I know that they have bipolar type issues, there are the different ones for that, that I'll add on. So there's some documentation before they even step in the office." Dr. Young explained,

> "I am looking for a lot of things. I'm looking to see what the diagnosis is. I don't take diagnoses at face value. The person comes in and says I'm bipolar or I'm depressed. Or, you know, I have a personality disorder. I've learned not to take that at first at face value, because many people have been misdiagnosed by clinicians… And a lot of people have diagnosed themselves just based on what they see on the internet. So I'm trying to talk to them and listen for any clues that will let me know.”

There is substantial data indicating that mental health clients’ racial status has been linked with more severe differential diagnoses (Nagendra, & Buck, 2018; Schwartz, Docherty, Najolia, & Cohen, Olbert, 2019). Individuals from disadvantaged groups with have fewer financial resources sometimes sustain longer without the necessary mental healthcare. As a result, once these individual finally make it in for needed mental healthcare, they present with more persistent and severe psychopathology (e.g. impairment, symptomatology). Oftentimes, this gap in necessary care leads to a mental health misdiagnosis (Akinhanmi et al., 2018; Breslau, Kendler, Su, Gaxiola-Aguilar, & Kessler, 2005). For example, the probability for Black individuals to be clinically diagnosed with schizophrenia is much greater in comparison to white individuals (Schwartz, Docherty, Najolia, & Cohen, Olbert, 2019; Strakowski, Flaum, et al., 1996; Strakowski, McElroy, Keck, & West, 1996). Moreover, cultural insensitivity may also explain why Blacks are

misdiagnosed with severe mental illnesses (Schwartz, Docherty, Najolia, & Cohen, Olbert, 2019).

Specifically, cultural insensitivity is providing an Black mental health client a severe mental illness diagnosis based on preexisting stereotypes, or personal perceptions about the Black ethnicity, or culture (Schwartz & Blankenship, 2014), such that the mental health practitioners in the assessment and diagnosis process may not take into consideration the racial differences (e.g. cultural and spiritual practices, common beliefs). Consequently, many Black psychiatric clients potentially are mislabeled with severe psychopathological problems, such as schizophrenia, when they are just living through their cultural norms and practices. Similarly, Black are disproportionately represented in state psychiatric hospitals. This has been also closely associated with mental health providers bias around involuntary hospitalizations based around the practitioners' stereotypes around the clients Black race and ethnicity (Lawson, Hepler, Holladay, & Cuffel, 1994; Milazzo-Sayre et al., 2001; Snowden & Cheung, 1990).

Both Dr. Nelson and Ms. Collins discussed the importance of patience in diagnosing clients. Ms. Collins shared that she is looking at "unresolved issues such as grief, trauma, and education" around their diagnosis to make sure clients are able to "see the diagnosis as a symptom of who they are, not who they are." Dr. Nelson voiced that she does not diagnose clients until after five sessions, so that she has the chance to "fully conceptualize" her clients. She stated that she is "…very strict around diagnosis, both for myself and for those who work for me," noting that "the diagnosis can be very heavy, very emotional in some people." In this way, Dr. Nelson is practicing the main objective in evaluation according to the American Counseling Association Code of Ethics [ACA] (2005) which aims to look out for

the welfare of the counseling client. The ACA places the responsibility of providing accurate diagnosis on the counselors (American Counseling Association, 2014), and because of these clinician's experiences of misdiagnoses for BIPOC clients, they take that directive to heart.

Multicultural Competency

Multicultural competence consists of being open and gaining an unbiased understanding of the client's cultural identities and having an awareness of the potential ways client's mental and physical health intersect with their sociopolitical factors as non-dominant members of society (Bakioglu & Turkum, 2020; Collins & Arthur 2007; Milz, 2019). In recent years, it has become critical that professional mental health practitioners adopt multicultural competencies to practice in a culturally responsive manner (Arredondo & Toporek 2004; Dickson, Argus-Calvo & Tafoya, 2010; Tomlinson-Clarke, 2013). There is a great need for future research that explores client's engagement with their mental health care, and the ways such care must be structured around the vitality of social justice and advocacy (Arredondo and Toporek 2004; Sue 2001; Zeleke, Karayigit, Myers-Brooks 2017). In the present study, the primary forms of multicultural competence that participants addressed were self-care and reading.

Self-care

Michael (2018) defines the practice of self-care as any activity that individuals intentionally engage in with the purpose to take care of their physical, emotional, and mental health. In theory, practicing self-care seems easy, however, it is hard to forget or ignore in daily life. Self-care is vital for helping individuals to reduce anxiety and improve mood quality (Bamonti, Keelan, Larson, Mentrikoski, Randall, Sly, Travers, McNeil, 2014; Barnett, Cooper, 2009; Michael, 2018). Furthermore, self-care is an important practice that

helps individuals produce and maintain healthy relationships with others including family and psychotherapy clients (Bearse, McMinn, Seegobin, Free, 2013, Michael, 2018; Coaston, 2017; Posluns, Gall, 2020; Yager, Tovar-Blank, 2007). Participants described many ways of practicing self-care, including meditation, sleep hygiene, healthy diet, exercise, prayer, and religious practices.

Ellison, Bradshaw, Flannelly & Galek (2014) explained that individuals who have a secure attachment to God, viewing Him as loving and protective have lower chances of experiencing symptomology of anxiety-related disorders including obsessive-compulsive behavior, self-consciousness, social anxiety, worry, and fear. This research was echoed in participants' experiences with religion. Dr. Young explained,

> "I am a Christian and my relationship with Christ is very important. I pray multiple times a day, I lean on God a lot, even when I feel like I'm okay, I still lean on God. I don't want to wait until I get frustrated or I'm overwhelmed because it's hard for me to get back from that. So I try to get back from that. So I try to prevent myself from getting there. So my relationship with God is top of the list."

Similarly, Dr. Nelson expressed, "Yoga, mindfulness, prayers, ancestral worship, things like that… I do start my prayers with a mindfulness exercise first for myself. And then I go into prayers and ancestral acknowledgment and worship and leading, followed by more prayers." Also, Dr. Walker explained how she keeps Biblical Psalms and poems around her as they support her. Similarly, Mrs. Clark explained that her current doctoral dissertation work is pulling from many scholarly psychological articles to examine mental health-seeking in the Black church community. Specifically, Mrs. Clark is exploring prayer and the fear Blacks in the church have around sought mental health.

Dr. Walker also shared that because of her experiences of being the only Black person in many of her Counseling Psychology courses, she began to build on her own multicultural competency work through studying shamanism medicine. Specifically, shamanism medicine allowed Dr. Walker to explore the cultural and spiritual beliefs and healing practices of North American and South American indigenous cultures.

The participants in this study provide meaningful examples of the impact of prayer and spirituality on mental health. In this direction, therapists' well-being and self-care maintained through religious and spiritual practices can be highly vital for coping and preventing mental and physical burnout (Carlson et al., 2002; Giles; 2012; Prest et al., 1999; Sori & Helmeke; 2006). More specifically, the practices of spirituality and religion provide counselors meaning and inspiration for living.

Reading

The next subcategory of multicultural competence that participants discussed was the importance of reading. Mrs. Collins explained that "The main thing is you want to make sure that all clients across the board know that there's a level of acceptance and no judgment." Accordingly, participants talked of ways they build their cultural competency and thus their acceptance and no judgement over time, from graduate multicultural courses, diverse readings, continuing educations, seeking supervision, and working individually with clients in counseling. For example, at the time of our interview, Dr. Walker was reading Hyemeyohsts Storm's book Seven Arrows (1972) as a form of multicultural competency training. Dr. Walker explains Storm's Seven Arrows,

> “Swahili is used in Africa. So there was a common sign language that was used among the native Americans to communicate because there were various languages.

> Um, and then, the author talks about the different medicine. It's written from the perspective of the medicine, men and them trying to help people understand that change happens and not to get bitter, not to go looking for trouble, trouble, find you so live the best life you can live and just be aware of the trouble. Don't go looking for it. Don't make it, don't let it make you bitter. That's kind of the jest of the way this is being written. So it's a lot of wonderful stories and information, but it's very painful this year, you know, and I'm part Native American, but it's just painful to hear this with the things that have happened."

Okuma and Lyilestirme (2019) explain that a bibliotherapy is a form of reading that allows individuals to undergo a process of healing simply by utilizing books to aid themselves in improving their mental health. Pehrsson and McMillen (2006) ascertained that Bibliotherapy has many benefits including adaptability to many different counseling settings, a variety of clients, for a large range of presenting problems, and provides easy access to a large diversity of publications. As a result, multicultural literature helps clients to develop an appreciation for different cultures.

The practice of bibliotherapy allows clients and therapists to ascertain better understandings of their own culture/ethnic identity (Allen, Allen, Latrobe, Brand, Pfefferbaum, Elledge, Burton, Guffey, 2012; Lutovac and Kaasila, 2019; Pehrsson and McMillen, 2006). Scholarly psychology literature has found many positive outcomes from bibliotherapy including enhancing empathetic understanding and knowledge of other cultures, clarifying emerging values, improving coping skills and generating ideas for problem-solving, stimulating discussion of feelings, fostering an appreciation of one's own ethnic/cultural identity, increasing self-awareness, alleviating negative emotions such as

stress, thoughts and behaviors, and anxiety and loneliness (Pardeck & Pardeck, 1998; Pehrsson & McMillen, 2007; Pehrsson & McMillen, 2006).

Participants also discussed informal ways to develop cultural competence. Clay (2010) explains that research and practice-oriented psychology students like myself can benefit from self-reflection. Accordingly, a graduate counseling or psychology student, or practicing therapist can start building cultural competence through learning new things on their values, beliefs, and historical roots. Learning about own cultures is a way to prepare to work with clients from different racial and ethnic backgrounds through discussions with own family about ancestors and their experiences, and reflections of social experiences with family as a group (Clay, 2010; Kelly, 2017; Sue and Sue, 2016). Mental health practitioners must also learn about different cultures to gain multicultural competence. Accordingly, mental health practitioners can engage scholarly readings including journal articles, academic books, documentary films, festivals, museums to gain more knowledge of the rich history, culture, and practices (e.g. spiritual, meditation, religion) of groups of people outside of their own culture (Clay, 2010; Krentzman and Townsend, 2008; Windsor, Shorkey, and Battle, 2015). Further to this, Clay (2010) informs that mental health graduate students and practitioners can gain diverse cultural experiences through volunteering for organizations including soup kitchens, community centers, and religious institutions. Clay (2010) also encourage bringing along a few friends to engage in intelligent and mind-opening conversations after the diverse cultural volunteer experience.

Dr. Walker went on to explain how the book applies to cultural competency in her clinical practice, “I currently have a client who's dealing with, um, racial issues and, and I've already shared what I read learned so far from this book with him.” Not to mention, Mr. Theo

shared that he was reading, My grandmother's Hand: Racialized Trauma in the Pathway to Mending Our Hearts and Bodies (2017) by Resmaa Menakem. Accordingly, Mr. Allen explained that this book is about, "dealing with racialized trauma through somatic modalities."

Experience of Microaggressions

Microaggressions, every day often unintentional slights that are harmful to POC can take multiple forms. One form that participants discussed was microinvalidation, which is an activity or language that is intended to diminish people of color's self-esteem and self-efficacy by leaving them out or making them feel less than human (Sue et al, 2007). There were two specific forms of microinvalidations experienced by participants: microinvalidations when seeking own mental healthcare, and microinvalidations experienced across the education system.

Dr. Roberts described an experience when visiting a new psychiatrist for the first time, "He was very condescending, don't have the tone of empathy, kinda cold and just dry." Dr. Roberts like many others in this study provided an example of how racial microinvalidations are implicit, or very subtle forms of racism. Specifically, the psychiatrist was perceived as not caring about the patient or her concerns by not showing any verbal or nonverbal forms of empathy. Racial discrimination is linked to heightened chances of experiencing anxiety, depression, binge drinking, stress, poorer health-related outcomes, and psychological distress (Barajas, Jones, Milam, Thorpe, Gaskin, LaVeist, and Furr-Holden 2019; Christie-Mizell, Leslie, Hearne 2017; Gomez; 2013). Previous research helps mental health practitioners and clients alike to understand that experiencing racial discrimination in mental healthcare can make individuals worse than when they came in with their preexisting

mental health problems and concerns (Armstrong-Mensah, Patel, Parekh, & Lee 2020; Gomez 2013), which participants echoed in the interviews.

The other racial microinvalidation that participants discussed was within the education system. Many participants explained their narratives about not being provided equal opportunity in learning specifically through not being encouraged and supported by teachers, principals, and athletic coaches. For example, Dr. Campbell expressed that she felt, "Not being appreciated, not thriving or empowered or operating at best, [because] race impacts our self-esteem." Another participant, Dr. Camila Roberts expressed,

> "There was another young girl [whose] father and mother were both physicians. She was a good student and at first, we were competitive because until I got there she was like the 'smartest kid' in the class and then we were competing and I was a little bit smarter than she was, and when we finished eighth grade -- that was the first year that the school did not recognize like the eighth-grade valedictorian, salutatorian. And you know we all came to like a conclusion because those two individuals were Black."

Further, Mr. Allen alluded to the 'prison to school' pipeline, explaining, "I think Gilbert is representative of a lot of … communities where you kind of grow-up suspecting that you will go to prison at some point." Mr. Allen was explaining the ways Black children are not provided the same resources in learning, recreation, mentorships, and general experiences. As a result, it is expected that these children will at some point become a prisoner Dr. Roberts experience and those of the other participants mentioned immediately above provide great examples of what many Blacks have endured around racial microinvalidation in mental healthcare, and during the formal years of their education.

CHAPTER IV: CONCLUSION

The present study sought to explore Black clinician's experiences in the counseling profession. Two main themes developed from the research participants' data. The first was that Black counselors and psychologists experienced racial identity development in their childhood and adolescence, and how their racial identity development continued into adulthood. The second main theme was Black counselors and psychologists believed that multicultural competency was critical for being effective mental health practitioners.

In the present study, participants experienced three of the stages of the Black identity development model including Immersion-Emersion, internalization, and commitment. Racial identity development allowed Black participants to gradually internalize and socially accept the history, cultural, food, and dress, and common communication styles of their Black community, and help further grow their community.

Black identity development is closely linked to successful growth and development in Black individuals in the areas of self-esteem, psychosocial competence, self-actualization, psychological health, acculturation, student involvement, and academic achievement (Constantine, Richardson, Benjamin, &, Wilson, 1998). It is critical for counselors and psychologists to be able to comprehend their Black client's racial identity status. Counseling clients' racial identity status provides a framework for critical and valuable discussion in the clients presenting problems. As a result, the Black clients are provided by the counselor or psychologist the opportunity for growth and development both around presenting problems and racial identity (Moss, 1998; Wilson, Sellers, Solomon, Holsey-Hyman, 2017; Vinson and Neimeyer, 2011). Hence, it is the best ethical practice to gain an understanding of Black client's racial development (Moss, 1998; Wilson, Sellers, Solomon, Holsey-Hyman, 2017;

Vinson and Neimeyer, 2011). Furthermore, the American Mental Health Association (AMHA) code of ethics reinforces the value that mental health practitioners have a basic comprehensive understanding of their own racial and ethnic culture, history, and common practices including religion (Moss, 1998; Wilson, Sellers, Solomon, Holsey-Hyman, 2017; Vinson and Neimeyer, 2011). Accordingly, the psychotherapist and the client were more likely to build a healthy relationship when they had similar experiences with racial identity and social-economic status (Goode-Cross and Grim, 2014).

Many participants expressed the important practice of the intake form in the initial visit with counseling clients. In this direction, Cook, Skaistis, Borden, and Nair (2020) explained that many mental health practitioners and researchers have highly encouraged mental health clinicians to incorporate the biopsychosocial assessment model to gain a holistic assessment of each new client. Nakash & Saguy (2015) explored the impact communication between the client and the psychotherapist produced around the pair building a working alliance. Accordingly, obtaining the new counseling clients demographic background and sociocultural history significantly influence higher scores on a working alliance between the counselor and counseling client. In addition, the working alliance between the counselor and counseling client is greater when the counselor obtains and explores the new client's background and identities (Nakash and Saguy, Zuroff & Blatt, 2006). Hence, counselors must comprehensively focus on the new client's cultural background and identities with the intake paperwork and during the time of the clinical interview (Nakash and Saguy 2015).

Participants noted microaggressions, and in particular microinvalidations, reflecting on how interactions with non-minorities have sometimes engaged subtle and implicit forms

of racial microinvalidations. Participants showed the ways racial microinvalidations are implicit, or very subtle forms of racism, and thus impacted their own mental-health care seeking. Gomez (2013) explains that racial discrimination is linked to heighten chances of experiencing psychological distress, binge alcohol drinking, stress, and poorer health-related outcomes. Understanding that experiencing racial discrimination in healthcare can help with clarifying why POC may choose to not seek mental healthcare to manage their preexisting mental health problems and concerns.

Allen (2012) explored microaggressions perceptions of teachers associated with Black middle-class boys in school, specifically, noting that administrators and teachers' negative and stereotypical views impacted the Black boys learning experience. In addition, teachers' perspectives molded into racialized conclusions around the young Black males students deviance, intelligence, and differential discipline. As a result, the dehumanizing racial microaggressions teachers undermined the identity of the Black male students and hampered the Black boys' academic achievement. Also, the teachers' denied the Black boys' the needed preparation and encouragement to highly achieve in society (Allen, 2012).

Masuda (2014) writes that a counselor that is culturally competent will be sensitive around their own personal biases and values, and the ways they impact the therapist view of their clients, the clients' psychopathology, social issues, and the ability to build a health alliance with the counseling client. The counselor must be able to gain knowledge on the counseling client's culture, and produce a practical standard for the counseling relationship (Gonzalez-Voller, Crunk, Barden, Harris, and Belser, 2020; Masuda, 2014). Furthermore, the counselor must be able to help the client work through problems in ways that are relevant and culturally appropriate (Masuda, 2014; Soto, Smith, Griner, Rodriguez, and Bernal, 2018).

The lived experience of these clinicians of color provides them the unique opportunity to assist clients of color in ways that non-Black clinicians cannot.

Limitations & Future Research

In the present research study, there were few limitations that came about during recruitment and data collection. The population size for the present was small with only eight participants. The goal of the research is to understand these participants' narratives, but that is does not, nor was it aimed to, represent all Black psychologists and counselors' experiences with racial microaggressions in their education and work experiences. In addition, the gender ratio in the current study was considerably uneven with one man and seven female research participants. Future research should explore ways to recruit more Black men participants to produce a research sample that equally explores the ways gender intersections with the daily personal and professional experiences of Black Psychologists and counselors. This study begins to unpack some of the experiences of Black practitioners, but there is more research to be done. For example, future research could examine more closely experiences of racial discrimination and disparities through graduate counseling education. Another area that would benefit from further exploration would focus on how mental health practitioners develop and work through multicultural competency to work with Black clients.

Implications

The focus of this study was to utilize critical race theory and intersectionality to empower, record, and share the historical narratives of Black mental health clinicians. Recording and sharing mental health clinicians' historical narratives will produce a counter-narrative in resisting racism and moving toward improving multicultural competencies in professional mental health graduate teaching, research, and clinical practice.

The present study will allow Black psychologists and counselors to experience their self-reflections with racial microaggressions in daily living, the education system, and at the workplace. This study was also able to record and display the associations between healthy Black identity development and cultural competency, client and therapist alliance, and effective counseling. From this study, Black counselors and psychologists can be encouraged to self-examine their own mental and physical status including burnout. Black counseling educators and clinical supervisors can utilize this study to make reflections around the best ways to implement, teach, and advocate for multicultural competency in graduate counselor education, supervision, and continuing education.

REFERENCES

About Psychology Today. Psychology Today.com 2 Jul 2020. Retrieved from: https://www.psychologytoday.com/us/about-psychology-today

Abram et al., (2008) K.M. *Abram, L.D. Paskar, J.J. Washburn, L.A. Teplin Perceived barriers to mental health services among youths in detention Journal of the American Academy of Child & Adolescent Psychiatry, 47 (2008), pp. 301-308, 10.1097/CHI.0b013e318160b3bb

Akinhanmi, M. O., Biernacka, J. M., Strakowski, S. M., McElroy, S. L., Balls Berry, J. E., Merikangas, K. R.,... Frye, M. A. (2018). Racial disparities in bipolar disorder treatment and research: A call to action. Bipolar Disorders, 20, 506 –514. http://dx.doi.org/10.1111/bdi.12638

Allen, J. R., Allen, S. F., Latrobe, K. H., Brand, M., Pfefferbaum, B., Elledge, B., Burton, T., & Guffey, M. (2012). The Power of Story. *Children & Libraries: The Journal of the Association for Library Service to Children*, *10*(1), 44–49.

American Counseling Association. (2014). *2014 ACA Code of Ethics*. Retrieved from http://www.counseling.org/Resources/aca-code-of-ethics.pdf

American Counseling Association. (2005). ACA code of ethics. Alexandria, VA: Author

Amy R. Krentzman, & Aloen L. Townsend. (2008). Review of Multidisciplinary Measures of Cultural Competence for Use in Social Work Education. *Journal of Social Work Education*, *44*(2), 7.

Ariza, D., & Berkey, L. (2009). Constructing “multiple” conceptions of blackness: A case study of how Black students contest identity at a predominantly White liberal arts college in the united states. Journal of International Social Research, 2(8), 42-59.

Armstrong-Mensah, Patel1, Parekh & Lee (2020) Mental Health Inequities and Disparities among Black Adults in the United States: The Role of Race. Research in Health Science, 5(3), 23-37. http://dx.doi.org/10.22158/rhs.v5n3p23

Arredondo, P., & Toporek, R. (2004). Multicultural counseling competencies = ethical practice. *Journal of Mental Health Counseling, 26*(1), 44–55. https://doi.org/10.17744/mehc.26.1.hw2enjqve2p2tj6q

Bamonti PM, Keelan CM, Larson N, Mentrikoski JM, Randall CL, Sly SK, McNeil DW. Promoting ethical behavior by cultivating a culture of self-care during graduate training: A call to action. *Training and Education in Professional Psychology.* 2014;8(4):253–260.

Barajas, C. B., Jones, S. C. T., Milam, A. J., Thorpe, R. J., Gaskin, D. J., LaVeist, T. A., & Furr-Holden, C. D. M. (2019). Coping, Discrimination, and Physical Health Conditions Among Predominantly Poor, Urban Blacks: Implications for Community-Level Health Services. Journal of Community Health, 44(5), 954–962. https://doi-org.easydb.angelo.edu/10.1007/s10900-019-00650-9

Barnett JE, Cooper N. Creating a culture of self-care. *Clinical Psychology: Science and Practice.* 2009;16(1):16–20.

Bearse JL, McMinn MR, Seegobin W, Free K. Barriers to psychologists seeking mental healthcare. *Professional Psychology: Research and Practice.* 2013;44(3):150–157.

Belgrave, F. Z., & Allison, K. W. (2018). African American Psychology: From Africa to America 4th Edition (4th ed). ProtoView.

Breland-Noble, A. M., Wong, M. J., Childers, T., Hankerson, S., & Sotomayor, J. (2015). Spirituality and religious coping in Black youth with depressive illness. Mental Health, Religion and Culture, 18, 330–341. https://doi.org/10.1080/13674676.2015.1056120.

Breslau, J., Kendler, K. S., Su, M., Gaxiola-Aguilar, S., & Kessler, R. C. (2005). Lifetime risk and persistence of psychiatric disorders across ethnic groups in the United States. Psychological Medicine, 35, 317– 327. http://dx.doi.org/10.1017/S0033291704003514

Brown, L. K., Tolou-Shams, M., Lescano, C., Houck, C., Zeidman, J., Pugatch, D., & Lourie, K. J. (2006). Depressive symptoms as a predictor of sexual risk among Black adolescents and young adults. The Journal of Adolescent Health : Official Publication of the Society for Adolescent Medicine, 39(3), 444.e1-8.

Burrell-Craft, K. (2020). Are (We) Going Deep Enough?: A Narrative Literature Review Addressing Critical Race Theory, Racial Space Theory, and Black Identity Development. Taboo: The Journal of Culture and Education 19(4), 9-26.

Carbado, D., Crenshaw, K., Tomlinson, B. (2013). Intersectionality: Mapping the Movements of a Theory. *Du Bois Review Social Science Research on Race*, 10:303-312. doi:10.1017/S1742058X13000349.

Carlson, T., Erickson, M., & Seewald-Marquardt, A. (2002a). The spiritualities of therapists' lives. Journal of Family Psychotherapy, 13(3-4), 215-236.

Chapter 330-A Mental Health Practice. (n.d.). Welcome to the NH General Court | NH

General Court.https://www.gencourt.state.nh.us/rsa/html/xxx/330-a/330-a-mrg.htm

Chavous, T. M., Bernat, D. H., Schmeelk-Cone, K., Caldwell, C. H., Kohn-Wood, L., & Zimmerman, M. A. (2003). Racial identity and educational attainment among Black adolescents. Child Development, 74, 1076-1090.

Cho, Crenshaw, & McCall. (2013). Toward a field of intersectionality studies: theory, applications, and praxis.?" *Signs: Journal of women in culture and society, 38*, 785. doi: 0097-9740/2013/3804-000.

Christie-Mizell, C., Leslie, E., & Hearne, B. (2017). Self-Rated Health, Discrimination, and Racial Group Identity: the Consequences of Ethnicity and Nativity Among Black Americans. Journal of Black Studies, 21(4), 643–664. https://doi-org.easydb.angelo.edu/10.1007/s12111-017-9388-y

Christopher G. Ellison, Matt Bradshaw, Kevin J. Flannelly, & Kathleen C. Galek. (2014). Prayer, Attachment to God, and Symptoms of Anxiety-Related Disorders among U.S. Adults. *Sociology of Religion, 75*(2), 208.

Clark, R., Anderson, N. B., Clark, V. R., & Williams, D. R. (1999). Racism as a stressor for Blacks. A biopsychosocial model. American Psychologist, 54, 805– 816. http://dx.doi.org/10.1037/0003-066X.54.10 .805

Coaston, S., C. (2017). Self-Care Through Self-Compassion: A Balm for Burnout. The Professional Counselor 7(3), 285-297. doi:10.15241/scc.7.3.285

Constantine, M. G., Richardson, T. Q., Benjamin, E. M., & Wilson, J. W. (1998). An overview of Black racial identity theories: Limitations and considerations for future theoretical conceptualizations. *Applied & Preventive Psychology, 7*(2), 95–99. https://doi-org.easydb.angelo.edu/10.1016/S0962-1849(05)80006-X

Constantine, M., Smith, L., Redington, R. M., & Owens, D. (2008). Racial microaggressions against black counseling and counseling psychology faculty: A central challenge in the multicultural movement. Journal of Counseling and Development, 86, 348–355.

Colby, S., & Ortman, J. M. (2015). Projections of the size and composition of the U.S. population: 2014 to 2060. U.S. Department of Commerce, Economics and Statistics Administration, U.S. Census Bureau.

Cross, W., E, & Sullivan, J., M. (2016). Black Identities, Internalized Racism, and Self-esteem. Meaning-Making, Internalized Racism, and Black Identity.State University of New York Press, Albany New York

Czopp, A. M., Monteith, M. J., & Mark, A. Y. (2006). Standing up for a change: Reducing bias through interpersonal confrontation. Journal of Personality and Social Psychology, 90, 784–803.

Decuir, J., & Dixson, A. (2004). "So when it comes out, they aren't that surprised that it is there": Using critical race theory as a tool of analysis of race and racism in education. *Educational Researcher, 33,* 26. doi:10.3102/0013189X033005026

Delgado Bernal, D., & Villalpando, O. (2002). An apartheid of knowledge in academia: The struggle over the “legitimate” knowledge of faculty of color. Equity & Excellence in Education, 35(2), 169-180.

Delgado, R. (Ed.). (1995). Critical race theory: The cutting edge. Philadelphia: Temple University Press.

Delapp, R. C. T., & Williams, M. T. (2015). Professional challenges facing Black psychologists: The presence and impact of racial microaggressions. *The Behavior Therapist*, *38*, 101–105.

Derald Wing Sue, & David Sue. (2016). *Counseling the Culturally Diverse : Theory and Practice: Vol. 7th edition*. Wiley.

Dickson, G. L., Argus-Calvo, B., & Tafoya, N. G. (2010). Multicultural counselor training experiences: Training effects and perceptions of training among a sample of predominately Hispanic students. *Counselor Education and Supervision*, *49*(4), 247–265. https://doi.org/10.1002/j.1556-6978.2010.tb00101.x

Dietz, S. S., Dotson-Blake, K. P., Enselman, D., Jones, L., Sexton Jr., E. H., Waller, M. S., & Richardson, M. E. (2017). An International Learning Experience: Looking at Multicultural Competence Development through the Lens of Relational-Cultural Theory. *Journal of Counselor Practice*, *8*(1), 22–44. https://doi-org.easydb.angelo.edu/10.22229/thg802643

Dixson, A. D. (2018). "What's Going On?": A critical race theory perspective on black lives matter and activism in education. *Urban Education*, *53*, 231–247. doi: 10.1177/0042085917747115

DosReis S, Mychailyszyn MP, Myers M, Riley AW. Coming to terms with ADHD: How Urban African-American families come to seek care for their children. *Psychiatric Services*. 2007;58(5):636-641. doi:10.1176/appi.ps.58.5.636

Duckworth, A. L., Peterson, C., Matthews, M. D., & Kelly, D. R. (2007). Grit: Perseverance and passion for long-term goals. Journal of Personality and Social Psychology, 92(6),

1087–1101. https://doi.org/10.1037/0022-3514.92.6.1087

Endale, L. (2018). The Multidimensional Model of Black Identity and Nigrescence Theory: A Philosophical Comparison. *Journal of Pan African Studies*, *12*(4), 509.

Goode-Cross, D. T., & Grim, K. A. (2016). "An unspoken level of comfort": Black therapists'experiences working with Black clients. *Journal of Black Psychology*, *42*(1), 29–53. https://doi-org.easydb.angelo.edu/10.1177/0095798414552103

Foley, J. D., Vanable, P. A., Brown, L. K., Carey, M. P., DiClemente, R. J., Romer, D., & Valois, R. F. (2019). Depressive symptoms as a longitudinal predictor of sexual risk behaviors among African-American adolescents. *Health Psychology*, *38*(11), 1001–1009. https://doi-org.easydb.angelo.edu/10.1037/hea0000780

Ford, C. L., & Airhihenbuwa, C. O. (2018). Commentary: just what is critical race theory and what's it doing in a progressive field like public health? *Ethnicity & Disease*, *28*, 223–230. doi: 10.18865/ed.28.S1.223

Ford, D. Y., Walters, N. M., Byrd, J. A., & Harris, B. N. (2019). I Want to Read About Me: Engaging and Empowering Gifted Black Girls Using Multicultural Literature and Bibliotherapy. *Gifted Child Today*, *42*(1), 53–57. https://doi-org.easydb.angelo.edu/10.1177/1076217518804851

Giles, J. H. (2013). The Role of Spirituality in Therapist Self-Care: An Exploration of Students Beliefs and Practices. North Dakota State University Of Agriculture and Applied Science. North Dakota, P. 1-40.

Gómez, J. M. (2015). Microaggressions and the enduring mental health disparity: Black Americans at risk for institutional betrayal. *Journal of Black Psychology*, *41*(2), 121–143. https://doi-org.easydb.angelo.edu/10.1177/0095798413514608

Gonzalez, V. J., Crunk, A. E., Barden, S. M., Harris, S., & Belser, C. T. (2020). A Preliminary LongitudinalStudy of Multicultural Competence in Counselor Education. *Journal of Counseling & Development, 98*(3), 308–318. https://doi-org.easydb.angelo.edu/10.1002/jcad.12325

Grzanka, P. R., Santos, C. E., & Moradi, B. (2017). Intersectionality research in counseling psychology. *Journal of Counseling Psychology*, *64*(5), 453.

Hargrow, A. M. (2001). Racial Identity Development: The Case of Mr. X, an African American. Journal of Mental Health Counseling, 23(3), 222.

Haynes, C. S. (2019). There's no place like home? Black women in the residence halls of a predominantly white Midwestern University. *Gender & Education*, *31*(4), 525–542. https://doi-org.easydb.angelo.edu/10.1080/09540253.2018.1484430

Heck, N. C., Flentje, A., & Cochran, B. N. (2013). Intake Interviewing with Lesbian, Gay, Bisexual, and Transgender Clients: Starting from a Place of Affirmation. *Journal of Contemporary Psychotherapy: On the Cutting Edge of Modern Developments in Psychotherapy*, *43*(1), 23. https://doi-org.easydb.angelo.edu/10.1007/s10879-012-9220-x

Hernández, P., Almeida, R., & Carranza, M. (2010). Mental health professionals' adaptive responses to racial microaggressions: An exploratory study. *Professional Psychology: Research & Practice*, *41*, 202–209. doi: 10.1037/a0018445

Hetey, R. C., & Eberhardt, J. L. (2018). The numbers don't speak for themselves: racial disparities and the persistence of inequality in the criminal justice system. *Current Directions in Psychological Science, 27*, 183–187. doi: 10.1177/0963721418763931

Hiraldo, P. (2010). The Role of Critical Race Theory in Higher Education. *Vermont Connection*, *31*, 53–59.

Hocoy, D. (1999). The validity of Cross's model of black racial identity development in the South African context. *Journal of Black Psychology*, *2*, 131.

Holstein, R. M., & Paul III, D. P. (2017). Access to Behavioral Health Care Services in New Jersey. *Hospital Topics*, *95*(3), 51–56. https://doi-org.easydb.angelo.edu/10.1080/00185868.2017.130048

Iverson, S. V. (2007). Camouflaging power and privilege: A critical race analysis of university diversity policies. Educational Administration Quarterly, 43(5), 586-611. DOI: 10.1177/0013161x07307794.

Johnson, A. A., & Quaye, S. J. (2017). Queering Black Racial Identity Development. Journal of College Student Development, 58(8), 1135.

Johnson, C. M. (2020). The interplay of racial identity attitude and religious orientation on the social integration experiences of Black African college students and Black college students attending predominantly White institutions in the United States [ProQuest Information & Learning]. In *Dissertation Abstracts International Section A: Humanities and Social Sciences* (Vol. 81, Issue 3–A).

Jorm, A. F. (2011, October 31). Mental Health Literacy: Empowering the Community to Take Action for Better Mental Health. American Psychologist. Advance online publication. doi:10.1037/ a0025957

Kataoka et al., (2002) S.H. Kataoka, L. Zhang, K.B. Wells Unmet need for mental health care among U.S. children: Variation by ethnicity and insurance status

The American Journal of Psychiatry., 159 (2002), pp. 1548-1555

Kelly, S. (2017). *Diversity in Couple and Family Therapy: Ethnicities, Sexualities, and Socioeconomics*. Praeger.

Ladson-Billings, G. (1998). Just what is critical race theory and what's it doing in a nice field like education? International Journal of Qualitative Studies in Education, 11(1), 7-24.

Ladson-Billings, G. (2005). The evolving role of critical race theory in educational scholarship. Race Ethnicity and Education, 8(1), 115-119.

Lawson G. Counselor wellness and impairment: A national survey. *Journal of Humanistic Counseling Education and Development.* 2007;46:20–34.

Lawson, W. B. (1996). Clinical issues in the pharmacotherapy of African-Americans. Psychopharmacoiogy Bulletin. .Î2', 275-281.

Leach, M. M., & Carlton, M. A. (n.d.). Toward Defining a Multicultural Training Philosophy. *Multicultural Counseling Competencies: Assessment, Education and Training, and Supervision*, 184-208. doi:10.4135/9781452232072.n8

Lewis, J. A., & Neville, H. A. (2015). Construction and initial validation of the Gendered Racial Microaggressions Scale for Black women. Journal of Counseling Psychology, 62, 289 –302. http://dx.doi.org/10.1037/cou0000062

Liang, Y.-S., & Shepherd, M. A. (2020). A multicultural content analysis of mental health private Practices' websites and intake forms. *Professional Psychology: Research and Practice*. https://doi-org.easydb.angelo.edu/10.1037/pro0000305

Lilienfeld, S. O. (2017). Microaggressions: Strong claims, inadequate evidence. Perspectives on Psychological Science, 12, 138–169. https://doi.org.easydb.angelo.edu/10.1177/1745691616659391

Lindsey, M., Chambers, K., Pohle, C., Beall, P., & Lucksted, A. (2013). Understanding the behavioral determinants of mental health service use by urban, under-resourced black youth: Adolescent and caregiver perspectives. Journal of Child and Family Studies, 22, 107–121. https://doi.org/10.1007/s10826-012-9668-z

Lindsey, M. A., Korr, W. S., Broitman, M., Bone, L., Green, A., & Leaf, P. J. (2006). Help-seeking behaviors and depression among Black adolescent boys. *Social Work*, *1*, 49.

Lott, J. L., 2nd. (2008). Racial Identity and Black Students' Perceptions of Community Outreach: Implications for Bonding Social Capital. Journal of Negro Education, 77(1), 3–14.

Lutovac, S., & Kaasila, R. (2020). How to select reading for application of pedagogical bibliotherapy? Insights from prospective teachers' identification processes. *Journal of Mathematics Teacher Education*, *23*(5), 483–498. https://doi-org.easydb.angelo.edu/10.1007/s10857-019-09437-0

Manning, J. (2017). In vivo coding. In Matthes, J. (Ed.), The international encyclopedia of communication research methods. New York, NY: Wiley-Blackwell. Retrieved from https://doi.org/10.1002/9781118901731.iecrm0270

Marie, J. (2016). Racial identity development of Black students in relation to black studies courses. *Journal of Pan African Studies*, *9*(8), 63.

Michael., R. (2018). What Self-Care Is — and What It Isn't. PsychCentral retrieved: https://psychcentral.com/blog/what-self-care-is-and-what-it-isnt-2/

Masten, A. S., & Narayan, A. J. (2012). Child development in the context of disaster, war and terrorism: Pathways of risk and resilience. Annual Review of Psychology, 63, 227–257. https:// doi.org/10.1146/120710-100356.

McCoy, D. L. (2006). Entering the academy: Exploring the socialization experiences of Black male faculty. (Doctoral dissertation, Louisiana State University). Retrieved from http://etd.lsu.edu/docs/available/ etd04052006-143046/

Menakem, R. (2017). My grandmother's hands: Racialized trauma and the pathway to mending our hearts and bodies. Las Vegas, NV, NV: Central Recovery Press.

Milazzo-Sayre, L. J., Henderson. M. J., Manderscheid. R.W, Bokossa,M.C., Evans, C..& Male,A. A. (20(11). Persons treated in specialty mental health programs. United States. 1997. In R.W Manderscheid & M.J. Henderson (Eds.), Mental liculth. United States, 2000 (Pubhcation No. DHHS SMA 01-3537, pp. 172-217). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

Milz, Bianca Maria, "The Experience of Counseling Interns and Their Perceived Preparedness of Multicultural Counseling: A Phenomenological Study" (2019). Dissertations, Theses, and Projects. 252. https://red.mnstate.edu/thesis/252

Moss, C. M. (1998). Relationships among educational and demographic variables, rated counselor effectiveness, and self-reported multicultural counseling competencies. Dissertation Abstracts, 58, 3022.

Mtose, X., & Bayaga, A. (2011). The Pyschology of Black Identity. *Journal of International Social Research*, *4*(17), 503–515.

Mukolo, A., & Heflinger, C. A. (2011). Rurality and Black perspectives on children's mental health services. Journal of Emotional and Behavioral Disorders, 19, 83–97. https://doi.org/10.1177/1063426609344604.

Murry, V., Heflinger, C., Suiter, S., & Brody, G. (2011). Examining perceptions about mental health care and help-seeking among rural Black families of adolescents. Journal of Youth and Adolescence, 40, 1118–1131. https://doi.org/10.1007/s10964-010-9627-1.

Nakash, O., & Saguy, T. (2015). Social identities of clients and therapists during the mental health intake predict diagnostic accuracy. *Social Psychological and Personality Science*, *6*(6), 710–717. https://doi-org.easydb.angelo.edu/10.1177/1948550615576003

Neely-Fairbanks, S. Y., Rojas-Guyler, L., Nabors, L., & Banjo, O. (2018). Mental Illness Knowledge, Stigma, Help-Seeking Behaviors, Spirituality and the Black Church. *American Journal of Health Studies*, *33*(4), 162–174.

Neighbors, H. W., Jackson, J. S., Campbell, L., & Williams, D. (1989). The influence of racial factors on psychiatric diagnosis: A review and suggestions for research. Community Mental Health Journal, 25, 301–311. http://dx.doi.org/10.1007/BF00755677

Nock, M. K., & Kazdin, A. E. (2001). Parent Expectancies for Child Therapy: Assessment and Relation to Participation in Treatment. *Journal of Child & Family Studies*, *10*(2), 155–180. https://doi-org.easydb.angelo.edu/10.1023/A:1016699424731

Obasi, E. M., Speight, S. L., Rowe, D. M., Clark, L. O., & Turner-Essel, L. (2012). The association of black psychologists: An organization dedicated to social justice. *Counseling Psychologist*, *40*, 656–674. doi: 10.1177/0011000012450417

Patton, L., McEwen, M., Rendón, L., & Howard-Hamilton, M. (2007). Critical race perspectives on theory in student affairs. New Directions for Student Services, 2007(120), 39-53.

Piper, R. E. (2019). Navigating Black Identity Development: The Power of Interactive Multicultural Read Alouds with Elementary-Aged Children. *Education Sciences*, *9*.

Planey, A. M., Smith, S. M., Moore, S., & Walker, T. D. (2019). Barriers and facilitators to mental health help-seeking among Black youth and their families: A systematic review study. Children and Youth Services Review, 101, 190–200. https://doi-org.easydb.angelo.edu/10.1016/j.childyouth.2019.04.001

Posluns, K., & Gall, T., L. (2019). Dear Mental Practitioners, Take Care of Yourselves: a Literature Review on Self-Care. Nature Public Health Emergency Collection. 42(1): 1-20. doi: 10.1007/s10447-019-09382-w

Prest, L. A., Russel, R., & D'Souza, H. (1999). Spirituality and religion in training, practice and personal development. Journal of Family Therapy, 21(1), 60.

Primm, A. B., Osher, F. C., & Gomez, M. B. (2005). Race and ethnicity, mental health services and cultural competence in the criminal justice system: are we ready to change? *Community Mental Health Journal*, *5*, 557. doi: 10.1007/s10597-005-6361-3

Range, B., Gutierrez, D., Gamboni, C., Hough, N. A., & Wojciak, A. (2018). Mass Trauma In the Black Community: Using Multiculturalism to Build Resilient Systems. *Contemporary Family Therapy: An International Journal*, *40*(3), 284. https://doi-org.easydb.angelo.edu/10.1007/s10591-017-9449-3

Ritchey, K. (2014). Black Identity Development. *Vermont Connection*, *35*, 98–105.

Robinson, L. (2000). Black and Mixed Parentage Adolescents in Britain: An Overview of Racial Identity Issues. *Black Theology in Britain: A Journal of Contextual Praxis*, *4*, 113.

Samuel, I. A. (2015). Utilization of mental health services among Black male adolescents released from juvenile detention: Examining reasons for within-group disparities in help-seeking behaviors. Child & Adolescent Social Work Journal, 32, 1–11. https://doi.org/10.1007/s10560-014-0357-1.

Schwartz, E. K., Docherty, N. M., Najolia, G. M., & Cohen, A. S. (2019). Exploring the racial diagnostic bias of schizophrenia using behavioral and clinical-based measures. *Journal of Abnormal Psychology*, *128*(3), 263–271. https://doi-org.easydb.angelo.edu/10.1037/abn0000409

Schwartz, R. C., & Blankenship, D. M. (2014). Racial disparities in psychotic disorder diagnosis:A review of empirical literature. World Journal of Psychiatry, 4, 133–140. http://dx.doi.org/10.5498/wjp.v4.i4 .133

Sevinç, G. (2019). Healing Mental Health through Reading: Bibliotherapy. *Current Approaches in Psychiatry / Psikiyatride Guncel Yaklasimlar*, *11*(4), 483–495. https://doi-org.easydb.angelo.edu/10.18863/pgy.474083

Shaffer., A. (2019). The truth about lies: Almost all patients tell some lies while in therapy. But what patients keep hidden might reveal more than therapists think. Journal of American Psychological Association, 50(5), p. 38.

Shaw, J., McLean, K. C., Taylor, B., Swartout, K., & Querna, K. (2016). Beyond resilience: Why we need to look at systems too. Psychology of Violence, 6(1), 34–41. https://doi.org/10.1037/ vio0000020.

Snowden, L. R., Catalano, R., & Shumway, M. (2009). Disproportionate use of psychiatric emergency services by Blacks. Psychiatric Services, 60(12), 1664–1671. https://doi-org.easydb.angelo.edu/10.1176/appi.ps.60.12.1664

Snowden, L.R.,& Cheung. F K. (1990). Use of inpatient mental health services by members of ethnic minority groups. American Psychologist, 45, 347—355.

Sori, C., Biank, N., & Helmeke, K. B. (2006). Spiritual self-care of the therapist. In K. B. Helmeke, C. Sori, K. B. Helmeke, C. Sori (Eds.) , The therapist's notebook for integrating spirituality in counseling: Homework, Handouts and activities for use in psychotherapy (pp. 3-18). New York, NY US: Haworth Press.

Soto, A., Smith, T. B., Griner, D., Domenech Rodríguez, M., & Bernal, G. (2018). Cultural adaptations and therapist multicultural competence: Two meta-analytic reviews. *Journal of Clinical Psychology*, *74*(11), 1907–1923. https://doi-org.easydb.angelo.edu/10.1002/jclp.22679

Strakowski, S. M., Flaum, M., Amador, X., Bracha, H. S., Pandurangi, A. K., Robinson, D., & Tohen, M. (1996). Racial differences in the diagnosis of psychosis. *Schizophrenia Research*, 21, 117–124. http://dx .doi.org/10.1016/0920-9964(96)00041-2

Strakowski, S. M., McElroy, S. L., Keck, P. E., Jr., & West, S. A. (1996). Racial influence on diagnosis in psychotic mania. *Journal of Affective Disorders*, 39, 157–162. http://dx.doi.org/10.1016/0165- 0327(96)00028-6

Storm, H. (1988). *Seven arrows*. New York, NY, NY: Ballantine Books.

Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist*, *62*, 271–286. doi: 10.1037/0003-066X.62.4.271

Sue, D. W. (2001). Multidimensional facets of cultural competence. *The Counseling Psychologist*, *29*(6), 790–821. https://doi org.easydb.angelo.edu/10.1177/0011000001296002

Sullivian, C., & Forrester, M., A. (2019). *Doing qualitative research in psychology; a practical guide*. EBSCOhost. Los Angeles, CA.

Tatum, B. D. (1997). Racial identity development and relational theory: The case of Black women in White communities. In J. V. Jordan (Ed.), *Women's growth in diversity: More writings from the Stone Center.* (pp. 91–106). The Guilford Press. Soave, R. (2019). Intersectionality 101. *Reason*, *51*, 57.

Teti, M., Martin, A. E., Ranade, R., Massie, J., Malebranche, D. J., Tschann, J. M., & Bowleg, L.(2012). "I'm a keep rising. I'm a keep going forward, regardless": Exploring Black men's resilience amid sociostructural challenges and stressors. Qualitative Health Research, 22, 524–533. https://doi.org/10.1177/1049732311422051.

Tonry, M. (2016). Sentencing Fragments: Penal Reform in America, 1975-2025. Oxford University Press.

Trierweiler, S. J., Neighbors, H. W., Munday, C., Thompson, E. E., Jackson, J. S., & Binion, V. J. (2006). Differences in patterns of symptom attribution in diagnosing schizophrenia between Black and non-Black clinicians. American Journal of Orthopsychiatry, 76, 154 –160. http://dx.doi.org/10.1037/0002-9432.76 .2.154

Vaismoradi, Mojtaba, and Sherrill Snelgrove. 2019. "Theme in Qualitative Content Analysis and Thematic Analysis." Forum: Qualitative Social Research 20 (3): 1–14. doi:10.1716 9/fqs-20.3.3376.

Vinson, T. S., & Neimeyer, G. J. (2003). The Relationship Between Racial Identity Development and Multicultural Counseling Competency: A Second Look. Journal of Multicultural Counseling & Development, 31(4), 262. https://doi-org.easydb.angelo.edu/10.1002/j.2161-1912.2003.tb00354.x

Wheeler, E. A. (2011). "Gettin" on my last nerve': mental health, physiological and cognitive implications of racism for people of African descent. *Journal of Pan African Studies*, *4*(5), 81.

Windsor, L. C., Shorkey, C., & Battle, D. (2015). Measuring Student Learning in Social Justice Courses: The Diversity and Oppression Scale. *Journal of Social Work Education*, *51*(1), 58–71. https://doi-org.easydb.angelo.edu/10.1080/10437797.2015.977133

Ylona Chun Tie, Melanie Birks, & Karen Francis. (2019). Grounded theory research: A design framework for novice researchers. SAGE Open Medicine, 7. https://doi-org.easydb.angelo.edu/10.1177/2050312118822927

Zeleke, W. A., Karayiğit, C., & Myers, B. K. (2018). Using Self-Regulated Learning Strategies to Develop Students' Multicultural Counseling Competency. *Journal of Multicultural Counseling & Development*, *46*(1), 40–57. https://doi-org.easydb.angelo.edu/10.1002/jmcd.12091

Ziede, J. S., & Norcross, J. C. (2020). Personal Therapy and Self-Care in the Making of Psychologists. *The Journal of Psychology*, 1–34. https://doi-Org.easydb.angelo.edu/10.1080/00223980.2020.1757596

Zirkel., S., & Johnson., T. (2016). Mirror, Mirror on the Wall: A Critical Examination of the Conceptualization of the Study of Black Racial Identity in Education. *Educational Researcher*, *45*(5), 301.

Zuroff, D. C., & Blatt, S. J. (2006). The therapeutic relationship in the brief treatment of depression: Contributions to clinical improvement and enhanced adaptive capacities. Journal of Consulting and Clinical Psychology, 74, 130–140.

APPENDIX A: Participant Demographics

Table 1 Participant Demographics

Pseudonym	Sex	Age	Clinical Years of Experience	Level of Education	Type of Degree	Geographic Locations
Dr. Camila Roberts	Woman	49	5	Doctoral	Counseling	Alabama
Dr. Madelina Campbell	Woman	37	6	Doctoral	Clinical	California
Dr. Ophelia Nelson	Woman	39	15	Doctoral	Counseling	Washington DC
Dr. Tahlia Walker	Woman	55	31	Doctoral	Clinical	California
Dr. Theo Allen	Man	49	6	Masters	Counseling	Colorado
Ms. Maribel Collins	Woman	40	15	Masters	Counseling	Alabama
Ms. Page Clark	Woman	50	31	Masters	Counseling	Florida
Ms. Wanda Young	Woman	44	10	Doctoral	Clinical	Virginia

APPENDIX B: Consent Form

Angelo State University
Institutional Review Board (IRB)

Consent to Participate in an IRB-Approved Research Event

Project Title: Reflections of Racism Experienced by Black Mental Clinicians
Investigator Name/Department: Stephen Emmanuel Lewis/Psychology and Sociology
Investigator Phone: 325-486-6116

You are being asked to participate in a research event conducted with the approval of the Angelo State University Institutional Review Board (and if applicable, other relevant IRB committees). In order to participate, you are required to give your consent by reading and signing this document.

The investigator will explain to you in detail the purpose of the project, the procedures to be used, and the potential benefits and possible risks of participation. You may ask any questions you have at any time before the project begins. A basic explanation of the project is written below. Please read and, should you decide to participate, sign this form in the presence of the person who explained the project to you. Upon request, you will be given an unsigned copy of this form for your records.

Refusal to participate in this study will have no effect on any future services you may be entitled to from the University. Anyone who agrees to participate in this study is free to withdraw from the study at any time without penalty. I understand also that it is not possible to identify all potential risks in a study, and I believe that reasonable safeguards have been taken to minimize both the known and potential but unknown risks.

1. Nature and Purpose of the Project
This study is exploring Black clinicians' experiences with racial microaggressions, and working with clients of color.

2. Explanation of Procedures.
The interview will be conducted over the phone in two sessions. Each session will last approximately 1 hour.

3. Discomfort and Risks.
The participants will be asked to share personal narratives about their lives. Consequently, the participants my feel uncomfortable sharing their most intimate and protected information. The researcher will inform participants that they have no obligation to answer a question, or stop the interview process at any point during the two interview sessions. Furthermore, the research participants may feel that they

cannot share certain narratives about clients' from their professional work stories

because it is protected and confidential information. The researcher will explain that they understand and move on to the next question.

4. Benefits.
This study will add powerful historical narratives, and new information around racial/ethnic competency to the field of counseling psychology.

5. Confidentiality.
Only the researcher Stephen Lewis and research facilitator Professor Nicole Lozano will have access to the data collected in this study. The participants' anonymity will be maintained by coding all data by numbers instead of names. The participants' names will never be connected with this data at any time. The data will be kept locked in the ASU psychology and sociology department research laboratory storage area. After seven years, the data will be removed and destroyed (shredded).

The dated approval stamp on this consent form indicates that this project has been reviewed and approved by the Angelo State University Institutional Review Board (IRB) for the protection of human subjects in research and research related activities.

Any questions regarding the conduct of the project, questions pertaining to your rights as a research subject, or research-related injury should be brought to the attention of the IRB administrator, Dr. Tay Hack (tay@angelo.edu) TEL: (325) 942-2068, ext. 6121.

Any question about the conduct of this research project should be brought to the attention of the investigator as listed on this form.

_____

Participant Signature Date

_____

Signature of Person Obtaining Consent Date

APPENDIX C: Demographic Questionnaire

Age: _____

Gender (please circle):

Woman Man Prefer not to answer

Transgender Gender Queer Non-Binary Gender fluid

Race/Ethnicity (check all that apply)

____ 1) Black/Black

____ 2) Caucasian/European American

____ 3) Asian/Asian American/Pacific Islander

____ 4) Native American/Alaskan Native

____ 5) Latinx

____ 6) Bi-Racial

____ 7) Multiracial

____ 8) Other: _____

Professional Mental Health

Education

___1) Clinical Psychology PhD

___2) Counseling Psychology PhD

___3) Social Work PhD/DSW

___3) Counseling Psychology MA/MS

___4) Clinical Psychology MA/MA

___5) Social Work MSW

Number of Years in Professional Clinical Forensic Psychology work _____

APPENDIX D: Interview Questionnaire Pt. 1

1. Can you tell me about your childhood, what was it like?
2. What race and ethnicity were your parents?
3. What do you remember about celebrating or learning your parents' race/ethnic cultures and history?
4. What did race mean to you in childhood?
5. How about now? (meaning of race)
6. Tell me about your experiences in school growing up.
   (If not that open ask about racial/ethnic population, social class of schools, and quality of education)
7. Tell me about the neighborhood you grew up in.
   (If not that open ask about crime, interaction with police, social class of neighborhood, racial/ethnic population of neighborhood, access to resources grocery stores, public libraries, health and mental healthcare)
8. What kinds of things did you do with your friends growing up?
9. What were your experiences with formal mental health professionals (i.e. nurses, pediatricians, child psychiatrists, family doctors, social workers, school psychologists, child psychologist, or counselors) in childhood like?
10. How about in adulthood?
11. Did your parents or other family members see therapists when you were growing up?
12. What were your experiences with criminal justice workers (i.e. police officers, security officers, probation officers, lawyers, judges) like in childhood? How did you see your family/friends interact with them?
13. Were any of your relatives or close friends in jail while you were growing up?
14. Do you have any personal notes, journals, essays, poems, papers that you wrote in K-12 or in college, or professional writings that you would like to share with me?
15. If not, how about a newspaper article or a book that influenced or impacted your decision to be a mental health professional?
16. What was going on in your life when you created the writing or did the reading?
17. How did the personal writing or reading impact your life?

APPENDIX E: Interview Questionnaire Pt 2

1. How has your experience working with supervisors and coworkers as a professional mental health clinician been?
   (If don't mention, ask about micro-aggression, harassment, ability to grow professional on job)
2. What do you consider when interviewing a new client?
3. What does your conceptualization process of a new client look like?
4. What kinds of materials do you use to interview a new client?
5. What kinds of materials do you utilize to assess and diagnose a new client?
6. What does the suicide risk assessment process look like for you when working with a client?
7. What kinds of materials do you utilize for making suicide risk assessments and recommendations?
8. What does the behavioral risk assessment process look like for you when working with a client?
9. What kinds of materials do you utilize for making behavioral risk assessments and recommendations?
10. What kinds of training and experience have you had around multi-culture competency development?
11. How were those multi-culture trainings?
12. How are your multi-culture trainings and experiences utilized or engaged in your daily professional work?
13. What was your experience being a witness on a client in court?
14. What was your experience providing expert witness on clients' behaviors and mental health in court?
15. How do you deal with the physical and mental pressure or stress or any other emotions or experiences influenced by your work?
16. What do you remember about your experiences with learning and engaging with your parents' spirituality or religion in childhood?

APPENDIX F: Sample Codes and Categories

Table 2: Selection of Codes and Categories

<table>
<tr><th>Quotes</th><th>Codes</th><th>Subcategories</th><th>Categories</th><th>Themes</th></tr>
<tr><td>I gravitated towards it, I grew and learned more, I accepted it without question, I made sure</td><td>Gravitated, accepted</td><td rowspan="8">Immersion
Emersion

Internalization

Commitment</td><td rowspan="7">Black Racial Identity Development</td><td rowspan="8">Lifelong Process of Racial Identity Development</td></tr>
<tr><td>it came online very early, I was very conscious</td><td>Conscious</td></tr>
<tr><td>Identified as black</td><td></td></tr>
<tr><td>Always been comfortable with that...</td><td>Comfortable</td></tr>
<tr><td>Very well gravitated towards blackness</td><td></td></tr>
<tr><td>I’m a black woman,

most people that know me they’ll know that I’m black, ninety percent of my clients have been white, comfortable in my identity</td><td></td></tr>
<tr><td>He was very condescending, don’t have the tone of empathy, kinda cold and just dry, I wanted an epidural I didn’t get one</td><td>Condescending, cold, dry</td><td>Racial Microaggressions</td></tr>
<tr><td>Black individuals are more resistant to seeking help through counseling. Blacks are seeking a give-and-take relationship to feel that counseling is a safe place.</td><td>Resistant, seeking, safe place</td><td>Therapists seeking own mental healthcare or healthcare-microinvalidation</td><td>Access to Counseling</td><td></td></tr>
</table>

a disclosure statement in there of course right there's a psychosocial evaluation, what level of care would be appropriate, I usually do at least one questionnaire	Evaluation, questionnaire, diagnosis inquiry		**Multicultural competency practices**	
that there's a level of acceptance and no judgment, special orientation and with uhm rural versus urban, curious around how culture influences decisions, Hispanic and learning what works for them, learning what not to say, learning where, you know, where to put my eyes, how to, how to fix, um, you know, how to respond to them when not to laugh. when I should laugh	Acceptance, no judgment, learning			
I've already shared what I read learned so far from this book with him, this book is about, dealing with racialized trauma through somatic modalities, written from the perspective of the medicine, men and them trying to help people understand that change happens.	Reading			

I really do take interest and care about the wellbeing, I truly you know I truly care about people, my worldview as a black woman shapes my clinical practice, I look forward to having you out here in the professional community brother	Interest, care, truly		**Self-care**	
I have a therapist, I've had a therapist the whole time, I stay in the process, being a client myself, like having a therapist myself			**Self-care**	
I've established the sitting meditation, I meditate daily, silent meditation, guided meditation	Meditation	Therapists attending own psychotherapy		
trying to get a good eight hours of sleep,	Sleep			
Fridays are generally my rest days, I sleep like crazy on Saturdays		Meditation		
I try to eat as much as I can, I try to eat well, I drink a lot of water	Eat, drink			

I exercise, physically walking is one thing, exercise is important, jumping rope	Exercise	Sleep hygiene		
I pray multiple times a day, I lean on God, Christ is very important, a spiritual one, read faith based materials,	Pray, God, Christ			
		Healthy Diet Exercise Prayer/Religious Practice		

APPENDIX G: IRB Approval letter

ANGELO STATE UNIVERSITY
College of Graduate Studies
Institutional Review Board

4/17/2020

Dr. Nicole Lozano
Dept. of Psychology and Sociology
Angelo State University
San Angelo, TX 76909

Dear Nicole:

Your request was received by the IRB to amend the protocol submitted by your student, Stephen Lewis. The protocol #LOZ-021320 titled"*Reflections of Racism Experienced by African American Mental Health Clinicians*" was originally approved on February 13, 2020. Mr. Lewis' amendment request to expand his recruitment and offer an incentive to increase his sample size was reviewed and approved effective April 17, 2020.

Please be aware that if this study will continue past February 13, 2021 you will need to submit a request for continuation before that date allowing sufficient time for review. Please note that any revisions to this protocol must be approved by the IRB prior to initiation. All unanticipated problems involving risks to subjects or others, and any unexpected adverse events must be reported promptly to this office.

Sincerely,

Teresa (Tay) Hack

Digitally signed by Teresa (Tay) Hack
Date: 2020.04.17 08:27:52 -05'00'

Teresa (Tay) Hack, Ph.D.
Chair, Institutional Review Board

Dr. Teresa Hack, IRB Chair | ASU Station #11025 | San Angelo, Texas 76909
Phone: (325) 486-6121 | Fax: (325) 942-2194
Member, Texas Tech University System | Equal Opportunity Employer

BIOGRAPHY

My name is Stephen Emmanuel Lewis. Currently, I am completing my Masters of Science in Counseling Psychology at Angelo State University. My scholastic research interests are primarily issues related to children, families, and sports psychology. Further, the present thesis project is focusing on taken a close look at racism experienced by African American counselors, psychologists, and their clients, and exploring necessary action towards social justice. In my free time I enjoy reading and writing poetry, running, watching movies, cooking tasty food, and reading sports analytics.